# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2019

Open to Public

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form, as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information. 2009

A For the 2019 calendar year, or tax year beginning 2019, and ending . 20 October 1 September 30 C Name of organization ?: B Check if applicable D Employer identification number ? Naval Order of the United States Foundation 010840239 Address change Name change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Initial return 408-358-1477 Final return/terminated City or town, state or province, country and ZIP or foreign postal code F Group Exemption Amended return 03 Los Gatos, CA 95032-4703 Number ▶ 2 Application pending マ Cash ☐ Accrual Other (specify) ▶ G Accounting Method H Check ▶ ☑ if the organization is not www.navalorder.org required to attach Schedule B J Tax-exempt status (check only one) — 🗹 501(c)(3) 🔲 501(c) ( (Form 990, 990-EZ, or 990-PF) 4947(a)(1) or K Form of organization Corporation ☐ Trust Association L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 2769 ?1 2 Program service revenue including government fees and contracts 2 ?; 3 Membership dues and assessments . . . 3 ?: 4 Investment income 4 0 48 5a Gross amount from sale of assets other than inventory 5a b Less, cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c Gaming and fundraising events: 6 RECEIVED Gross income from gaming (attach Schedule G if greater than Revenue \$15,000) . . . . . . . . . . . . 6a DEC 29 2020 Gross income from fundraising events (not including \$ of contributions (9 from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b OGDEN, UT Less: direct expenses from gaming and fundraising events 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances 7a 7a Less: cost of goods sold . . . . . . . . . . . . Ь Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) C 7с 8 Other revenue (describe in Schedule O). 8 150 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 2919 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 2 . 12 12 13 Professional fees and other payments to independent contractors 13 3165 14 Occupancy, rent, utilities, and maintenance 14 Printing, publications, postage, and shipping. 15 15 10 16 Other expenses (describe in Schedule O) 16 308 17 Total expenses. Add lines 10 through 16 . 17 3483 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 (564)Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 75152 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 Net assets or fund balances at end of year Combine lines 18 through 20 21 74588

Form 990-EZ (2019) Page **3** 

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	instructions for Part V ) Check if the organization used Schedule O to respond to any question in this	5 Fail	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	res	NO -
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			<u> </u>
35a	change on Schedule O. See instructions	34		
b	activities (such as those reported on lines 2, 6a, and 7a, among others)?  If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		<u> </u>
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		<u> </u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		<b>/</b> I
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions   [37a]  Did the organization file Form 1120-POL for this year?  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	37b		7
b 39	If "Yes," complete Schedule L, Part II, and enter the total amount involved	38a		
а	Initiation fees and capital contributions included on line 9			
b 40a	Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.  section 4911 ▶ ; section 4912 ▶ , section 4955 ▶			<b>*</b>
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		
41	List the states with which a copy of this return is filed ▶ Oregon		L	
42a		408-35	8-147	7
ь	Located at ► 108 Ann Arbor Ct, Los Gatos, CA ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	95032	-4703 Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		<u></u>
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	. 1	• 🗆
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
c d	Did the organization receive any payments for indoor tanning services during the year?  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44c		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a	-	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		

						_		Page 4
							Yes	No
	d the organization engage, directly or			behalf of or	ın opposit	non		
to	candidates for public office? If "Yes,"		, Paut I			. 4	В	V
rt VI	Section 501(c)(3) Organization							
	Ali section 501(c)(3) organizatio	ns must answer que	stions 47-49b and	52, and cor	nplete the	e tables	for lin	<b>es</b>
	50 and 51							_
	Check if the organization used S	chedule O to respond	I to any question in ti	his Part VI		<u> </u>		<u>.                                     </u>
							Yes	No
	d the organization engage in lobbying		section 501(h) electio	n in effect o	luring the	tax		ł
ye	ar? If "Yes," complete Schedule C, Pa	artll				- 4	7	1
	the organization a school as described		•				В	1
	d the organization make any transfers			ation?		· · · · · · · · · · · · · · · · · · ·	_	~
	"Yes," was the related organization a					. 48		4 )
	omplete this table for the organization							
en	nployees) who each received more tha	an \$100,000 or compa	nsation from the organ			9, 911(87	Nune.	
		(b) Average	(c) Reportable	(d) Health contributions (		(e) Estim	ated amo	unt of
	(a) Name and title of each employee	hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans, a		other c	ompense	tion
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f To	otal number of other employees paid o	over \$100.000						
i1 Co	otal number of other employees paid of complete this table for the organization from the	n's five highest comp	ensated independent	contractors	who each	n receive	ed mor	e tha
51 C		on's five highest comp ganization. If there is n	ensated independent			n receive		e tha
i1 Co	omplete this table for the organization 100,000 of compensation from the organization fr	on's five highest comp ganization. If there is n	ensated independent one, enter "None."					e tha
i1 Co	omplete this table for the organization 100,000 of compensation from the organization fr	on's five highest comp ganization. If there is n	ensated independent one, enter "None."					e tha
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\$1	omplete this table for the organization 100,000 of compensation from the organization fr	on's five highest comp ganization. If there is n modent contractor	ensated independent one, enter "None." (b) Type of sen					e tha
d To	omplete this table for the organization 100,000 of compensation from the organization from the organization with the organization complete. Scheme	on's five highest comp ganization. If there is n indent contractor	ensated independent one, enter "None."  (b) Type of sen	109	(c)	) Compens	AONE	
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d To 2 Di der pensi	omplete this table for the organization 100,000 of compensation from the organization from the organization from the organization and business address of each independent confidence of the organization complete Schedungleted Schedule A.  Ities of penury, I declare that I have examined this	on's five highest compganization. If there is no modern contractor in the contractor in the contractor each receiving dule A? Note: All selections in the companies return, including accompanies return, including accompan	ensated independent one, enter "None."  (b) Type of sending the se	nizations m	ust attach	) Compeni	es 🗆	No
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#### **SCHEDULE A** (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

Employer identification number

Nava	al Order of the United States Foundati	on				01084	40239
Pai	rt I Reason for Public Char	ity Status (All	organizations must	comple	te this p	art.) See instructio	ns.
The 6 1 2 3 4	organization is not a private founda  A church, convention of church  A school described in section  A hospital or a cooperative hos  A medical research organization hospital's name, city, and state	nes, or associations, or associations, or associated in contractions, or associated in associate	on of churches descri (Attach Schedule E (F ganization described i onjunction with a hosp	ibed in section form 990 in section oital desc	ection 17 or 990-E n 170(b)(1 ribed in s	0(b)(1)(A)(i). Z) ) I)(A)(iii). section 170(b)(1)(A)	·
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	ed by a government	al unit described in
6 7	☐ A federal, state, or local govern ☐ An organization that normally described in section 170(b)(1):	receives a subs	tantial part of its sup				n the general public
8	A community trust described in	1 section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	An agricultural research organi or university or a non-land-grai university.	nt college of agr	culture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10	An organization that normally r receipts from activities related support from gross investment acquired by the organization at	to its exempt full income and uni	nctions—subject to c related business taxal	ertain exc ble incom	ceptions, re (less si	and (2) no more that ection 511 tax) from	n 331/3% of its
11	☐ An organization organized and	operated exclus	sively to test for public	c safety	See <b>sect</b> i	ion 509(a)(4).	
12	☐ An organization organized and	operated exclus	ively for the benefit o	f, to perfo	orm the fu	anctions of, or to car	rry out the purposes
	of one or more publicly suppo Check the box in lines 12a thro	-		•	• • •	, ,, ,	, , , ,
а	Type I. A supporting organ the supported organization supporting organization You	(s) the power to	regularly appoint or e	elect a ma	jority of t		
b	control or management of to organization(s) You must o	the supporting o complete Part I	rganization vested in V, Sections A and C.	the same	persons	that control or man	age the supported
С	Type III functionally integral its supported organization(s						ally integrated with,
d	Type III non-functionally in that is not functionally integ requirement (see instruction	grated The orga	nization generally mu	st satisfy	a distribi	ition requirement an	
е	Check this box if the organifunctionally integrated, or T						e II, Type III
f	Enter the number of supported o	organizations					
g	Provide the following information	about the supp	orted organization(s).	•			
	(i) Name of supported organization	(n) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
/A\			<del></del>	<del> </del>			
(A)							! 
(B) ——							
(C) ——			· · · · · · · · · · · · · · · · · · ·				
(D) ———		· •••••			ļ		
(E)							

**Total** 

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Schedule /	a (Horm	990 or	99U-EZ	1201

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Dago	

Part	(Complete only if you checked the Part III. If the organization fails to	ne box on line	5, 7, or 8 of	Part I or if th	e organizatio	n failed to qua	
Secti	on A. Public Support	1					
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					/	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)			24.00	// 大声		
6	Public support. Subtract line 5 from line 4			Drugger (			
	on B. Total Support	1 1 2 2 2 2 2			1	1 1 1 2 2 2	
	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2015	<b>(b)</b> 2016	(c) 201/i	(d) 2018	(e) 2019	(f) Total
7 8	Gross income from interest, dividends,			<del>                                     </del>	-	-	
0	payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10	744447	1/12/2014	17,200 X	12.75° 20.000	10.75	<u>.</u>
12	Gross receipts from related activities, etc		ops)			12	
13	First five years. If the Form 990 is for the		i's fırst, secon	d, third, fourth	n, or fifth tax ye	ear as a sectio	n 501(c)(3)
<del></del>	organization, check this box and stop he		<u> </u>				. 🕨 🗆
	on C. Computation of Public Suppor			4 1 (0)			
14 15	Public support percentage for 2019 (line 6 Public support percentage from 2018 Sch			i, column (t))		15	<u>%</u>
16a	331/3% support test—2019. If the organi			con line 13 ai	 nd line 14 is 33		
	box and stop here. The organization qua	lifies as a publ	cly supported	organization			. <b>&gt;</b> [
b	331/2% support test—2018. If the organithis box and stop here. The organization	zation did not	check a box o	n line 13 or 16	Sa, and line 15 ion .	ıs 33 <sup>1</sup> /3% or m	
17a	10%-facts-and-circumstances test—2010% or more, and if the organization meets the "organization	ets the "facts	-and-circumsta	ances" test, ch	neck this box a	and stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization is supported organization.	ition meets th	e "facts-and-d	circumstances	" test, check t	this box and s	top here.
18	Private foundation. If the organization di	d not check a	box on line 13,	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see
	instructions / .	•	<u> </u>		<u>.                                    </u>	<u> </u>	<u></u> ▶_□
					Sch	edule A (Form 990	or 990-EZ) 2019

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	in the organization rails to quality	diluci the te.	313 H31CG DCN	ow, picase ce	inpicte i ait i	'' <i>1</i>	<del></del>
	on A. Public Support						<del></del>
Calen	dar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	}					<
	received (Do not include any "unusual grants.")	7861	23451	16762	35919	2769	86762
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the			1			
	organization's tax-exempt purpose .		i				
3	Gross receipts from activities that are not an						
_	unrelated trade or business under section 513						
						<del></del>	
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
	·		-			<u> </u>	
5	The value of services or facilities						
	furnished by a governmental unit to the	į l					
	organization without charge						
6	Total. Add lines 1 through 5	7861	23451	16762	35919	2769	86762
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons				ļ		
ь	Amounts included on lines 2 and 3						
_	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year					l l	
_	Add lines 7a and 7b						
С 8	Public support. (Subtract line 7c from	State of State of the State	AND STATE OF THE CO	184001127135471501650	SOLD STORY OF THE	PARTICIPATION OF THE PARTIES AND THE PARTIES A	
U	line 6)			4.1			0/7/0
Casti	on B. Total Support	A CONTRACTOR OF THE SECOND	A SECTION AND A SECTION AND ASSESSMENT	ALL STREET, STREET	THE AREA CONTROL		86762
· · · · · · · · · · · · · · · · · · ·		(a) 2015	(b) 2016	(c) 2017	(d) 2010	(=) 2010	(f) Total
	dar year (or fiscal year beginning in)	7861	<b>(b)</b> 2016		(d) 2018 35919	(e) 2019 2769	86762
9	Amounts from line 6	/801	23451	16762	35919	2/69	80/62
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	10	11	18	46	0 48	85
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	Į į		1			
	acquired after June 30, 1975						
C	Add lines 10a and 10b	10	11	18	46	0.48	85
11	Net income from unrelated business						
	activities not included in line 10b, whether					l	
	or not the business is regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)	Į i		75000	52781	150	127931
13	Total support. (Add lines 9, 10c, 11,					i	_ <del></del>
	and 12.)	7871	23462	91780	88746	2919	214778
14	First five years. If the Form 990 is for t						
	organization, check this box and stop he				-		
Secti	on C. Computation of Public Suppo			<del></del>			
15	Public support percentage for 2019 (line			13 column (fl)		15	67 82 %
16	Public support percentage from 2018 Sc		•	10, 00,011,111 (1))		16	40 88 %
	on D. Computation of Investment In			<del>· · · · · ·</del>	· · · · · · · · ·	1 10 1	0 00 70
17	Investment income percentage for 2019			v line 13 colu	mn (fl)	17	04 %
18	Investment income percentage from 201			,, 15, colo	(1))	18	.04 %
19a	33 <sup>1</sup> / <sub>3</sub> % support tests—2019. If the organ			on line 14 ar	nd line 15 is m		
ı Ja	17 is not more than 33½%, check this box						-
L					•	-	
b	331/3% support tests – 2018. If the organi.						
20	line 18 is not more than 331/3%, check this		=		•	· ·	zation > 🗸

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete F	art V	.)	
<u>Secti</u>	on A. All Supporting Organizations		V	I NI =
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	1973.	****
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	in the second	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	emant co	
b	<b>Type i or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		1 1/85
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		272355
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10a		

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings)

10b

Part	V Supporting Organizations (continued)			
		P\$ 248 at	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		11.32	
•	below, the governing body of a supported organization?	11a		<b>├</b> ──
	A family member of a person described in (a) above?  A 35% controlled entity of a person described in (a) or (b) above? If "You" to a, b, or a, provide detail in Port VI	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	TITE		Ь—
Section	TIPE 1 Supporting Significations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	A Se	e de la comp	1000
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			10
	controlled the organization's activities of the organization had more than one supported organization,			1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	organizations and what conditions or restrictions, it dry, applied to such powers during the tax year.	1	Mark Parter	V 7. 2 . 184
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization			
Soction	on C. Type II Supporting Organizations	2		L
Section	on C. Type it Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	<b>200</b>	Webb	200
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		10	
	the supported organization(s).	1	71 <b>319</b>	.000
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
9		200	VESCOR04	**************************************
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how		e vy	- 1
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		تعميا
3	By reason of the relationship described in (2), did the organization's supported organizations have a	<b>***</b>		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instruc	ction	s)
a	The organization satisfied the Activities Test Complete line 2 below			
ь	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (	see ins		<del></del>
2	Activities Test. Answer (a) and (b) below.	F-25003	<u>res</u>	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a	a a state de	2000
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		<b>T</b> 97.	1344
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		430	37.5
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			<b>[</b> ]
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	10.00 m	9000AEW/2
Ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	72		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		<u></u>

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	gan	izations	
Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			GENERAL YEAR
factors (explain in detail in Part VI)	<b>1997</b>		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		<u>.</u>
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2	PS-VP2-GZT2-123-1338	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4	WATER STREET	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	tegrated Type III supporting	organization (see

Part	V Type III Non-Functionally Integrated 509(a)(	3) Supporting Organ	izations (continued)	
Sect	ion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers excorganizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	anizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	······		
6	Other distributions (describe in Part VI) See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice (provide details in <b>Part VI</b> ) See instructions	ch the organization is res	sponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6	STATE OF THE PARTY	LORD FLACE TO STATE	
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ) See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014 .		PROPERTY AND ADDRESS OF A	
b	From 2015 .			
C	From 2016		Market Assets	210 VIII S 12 VIII 10 V
d	From 2017	**************************************	Alson and the second	
e	From 2018	78 C T T T T T T T T T T T T T T T T T T		CALL STANDARD STANDARD
f	Total of lines 3a through e	Transfers, sec or as a supplier or needs of		
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount	64 (A FEBRUARY A STATE)	46.4	THE TAX SERVICE THE THE PROPERTY OF THE PARTY OF THE PART
i	Carryover from 2014 not applied (see instructions)		AND AND ASSESSMENT	
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f		TO SECURITIES OF THE SECOND	WATER TATE AND A SECOND AND SECOND SE
4	Distributions for 2019 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years	ALEMAN ALEMAN		
b	Applied to 2019 distributable amount		TERRETARY AND A TOTAL AND A	<u> </u>
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1 For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess trom 2016			
С	Excess from 2017	HEAL WAS WAS ASSET	entital property	
d	Excess from 2018 .		/#####################################	
е	Excess from 2019		\$45000000000000000000000000000000000000	

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Part III, Lin	e 12 - The amount of \$150 was a donation made in error to this Foundation and returned back to the Naval Order Organization
and reporte	ed as included in Other Expenses on our 990-EZ, line 16
***************************************	

#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2020

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs gov/Form990 for the latest information.

Open to Public Inspection

OMB No 1545-0047

Naval Order of the United States Foundation	010840239
Part I, Line 8 - other revenue as to \$150 received in error, donor meant for funds to go to the Naval Order Organization	
Part 1, Line 16 - other expenses of \$308 include the \$150 returned to the Naval Order, state of Oregon annual and tax filing fees, legal agent	
fee of \$10.	
••••••	
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Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
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